

PLACE OF BIRTH

1. County of Pima  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136a  
County Registrar No. 498  
Local Registrar No. \_\_\_\_\_

2. Full name of child Manuel Gonzales (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Sept. 6th 1929  
Month Day Year

8. FATHER  
Full name Jesús Gonzales  
9. Residence (Usual place of abode) Miami, Arizona  
If nonresident, give place and state

14. MOTHER  
Full maiden name Virginia Mendez  
15. Residence (Usual place of abode) Miami, Arizona  
If nonresident, give place and state

10. Color or race Mexican  
11. Age at last birthday \_\_\_\_\_ (Years)

16. Color or race Mexican  
17. Age at last birthday \_\_\_\_\_ (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country)

13. Occupation work in mine  
Nature of industry

19. Occupation \_\_\_\_\_  
Nature of industry

20. Number of children of this mother (a) Born alive and now living \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature L. A. Lane  
(Physician or midwife)  
Address M. I. Hospital, Miami, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year.

Filed Nov 12 1929 Local Registrar.  
County Registrar.

Registrar.

472-906-549